

# REQUEST FOR REASONABLE ACCOMMODATIONS

			Date	
Name		Telephone Number		
Street/Mailing Address		City	State	ZIP Code
Preferred Method of Contact <input type="checkbox"/> Day Phone <input type="checkbox"/> Email <input type="checkbox"/> USPS		Email Address		
<b>Type of Event:</b> <input type="checkbox"/> Public Meeting/Public Hearing <input type="checkbox"/> Training <input type="checkbox"/> Other (specify) _____				
Date of Event	and/or	Date Needed	Location of Event	

## PART II: LIMITED ENGLISH PROFICIENCY (LEP)

<input type="checkbox"/> Yes <input type="checkbox"/> No    Do you need language assistance for LEP?	
Language Assistance	
<input type="checkbox"/> Oral Interpretation (specify language) _____	
<input type="checkbox"/> Written Translation (specify language) _____	
Name of Documents	

## PART III: AMERICANS WITH DISABILITIES ACT (ADA)

<input type="checkbox"/> Yes <input type="checkbox"/> No    Do you need an accommodation for a disability?	
Types of Accommodation	
<input type="checkbox"/> Interpreter for deaf (specify ASL, tactile, etc.) _____	
<input type="checkbox"/> Assistive Listening device (specify) _____	
<input type="checkbox"/> Physical location accessible for persons with a physical mobility impairment.	
<input type="checkbox"/> Other (specify) _____	
Nature of Disability (Medical documentation may be requested)	
<input type="checkbox"/> Physical Mobility Impairment (specify) _____	
<input type="checkbox"/> Speech Impairment (specify) _____	
<input type="checkbox"/> Visual impairment (specify) _____	
<input type="checkbox"/> Hearing Impairment (specify) _____	
<input type="checkbox"/> Other (specify) _____	
Alternative Format (Indicate first, second, third choice if possible.)	Date Needed
<input type="checkbox"/> Braille _____	
<input type="checkbox"/> Large Print (font point size) _____	<input type="checkbox"/> Audio Recording -MP3 _____
<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> CD/Flash Drive _____
Name of Documents	

### For Office Use Only

The accommodation request is:

- Granted as requested     Granted with change - see additional information     Denied - see additional information

**INSTRUCTIONS:**

Requests for Reasonable Accommodations can be made by completing this form. If you prefer to complete this form electronically, go to the City of Dickinson website at [www.dickinsongov.com](http://www.dickinsongov.com).

You may submit the completed form to: City of Dickinson  
99 2nd Street East  
Dickinson, ND 58601

The City of Dickinson will contact you to discuss your request.

If you need assistance to complete the Request For Reasonable Accommodations form, please contact Shelly Nameniuk, HR Coordinator, City of Dickinson at 701-456-7801 or [shelly.nameniuk@dickinsongov.com](mailto:shelly.nameniuk@dickinsongov.com). TTY users may use Relay North Dakota at 711 or 1 800-366-6888.

**REQUESTS MUST BE MADE AS SOON AS POSSIBLE.**

Appropriate provisions will be considered when the City of Dickinson is notified at least 10 days prior to the meeting date or 15 days prior to the date the written comments are due.

Converting printed material may take several weeks.